DOCUMENT RESUME

ED 224 193 EC 150 375

AUTHOR	Tucker, James; And Others
TITLE	Learning Disabilities: The Experts Speak Out.
INSTITUTION	Minnesota Univ., Minneapolis. Inst. for Research on Learning Disabilities.
SPONS AGENCY	Office of Special Education and Rehabilitative Services (ED), Washington, DC.
REPORT NO	IRLD-RR-77
PUB DATE	Jun 82
CONTRACT	300-80-0622
NOTE	49p.
PUB TYPE	Reports - Research/Technical (143)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Definitions; *Handicap Identification; *Incidence; *Learning Disabilities; Opinions; Surveys

ABSTRACT

Researchers, policy makers, and teacher trainers, who were identified by peers as being on the "cutting edge" of research and programming in learning disabilities, responded to surveys in 1975 (N=91) and 1981 (N=149). In both surveys the "experts" generally endorsed learning disabilities as a viable classification and asserted that learning disabilities are identifiable by specific symptoms or a syndrome of symptoms. Considerable variability in responses was evident with regard to the prevalence of learning disabilities among school-age children and the age at which a learning disability can be identified with assurance. Definitional issues were identified as central needs of the field. (Author/DB)

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Research Report No. 77

LEARNING DISABILITIES: THE EXPERTS SPEAK OUT

James Tucker, Linda J. Stevens, and James E. Ysseldyke

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Institute for Research on Learning Disabilities

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During 1980-1983, Institute research focuses on four major areas:

- Referral
- Identification/Classification
- Intervention Planning and Progress Evaluation
- Outcome Evaluation

Additional information on the Institute's research objectives and activities may be obtained by writing to the Editor at the Institute (see Publications list for address).

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June, 1982

Abstract

Researchers, policy makers, and teacher trainers, who were identified by peers as being on the "cutting edge" of research and programming in learning disabilities, responded to surveys in 1975 and 1981. The "experts" generally endorsed learning disabilities as a viable classification and asserted that learning disabilities are identifiable by specific symptoms or a syndrome of symptoms. Considerable variability in responses was evident with regard to the prevalence of learning disabilities among school-age children and the age at which a learning disability can be identified with assurance.

Learning Disabilities: The Experts Speak Out

The field of learning disabilities (LD) often has been described as characterized by lack of consensus on the basic issues of identification, assessment, and programming. Yet, while debates and controversies have flourished in the professional journals, there have been few systematic efforts to survey professionals on some of the most critical issues confronting the field.

One such attempt was a 50-item survey of attitudes concerning learning disabilities, published in the April 1979 issue of the Journal of Learning Disabilities (Kirk, Berry, Senf, Larsen, Luick, Newberger, & Senf, 1979). The questionnaire included items on conceptualization of learning disabilities, diagnosis, placement, remediation, research, and Public Law 94-142 (Education for All Handicapped Children Act). An analysis of more than 1,250 responses from LD teachers, psychologists, administrators, and teacher trainers indicated considerable diversity of opinion concerning the issues surveyed (Kirk, Senf, & Larsen, 1981).

A similar survey was conducted by Tucker in 1975 in an effort to obtain some consensus concerning basic issues regarding the existence, assessment, and incidence of learning disabilities; the information was to be used to guide the development of Texas state policy for LD children. Questionnaires were sent to a group of nearly 100 professionals identified by their peers as being on the "cutting edge" of research and programming in learning disabilities. This sample was distinctly different from that involved in the study by Kirk et al.

(1979); it consisted of researchers, policy-makers, and teacher trainers rather than predominantly practitioners. The results of the 1975 study have not been published in the professional literature, but are presented here, along with the results of a replication of that survey with the original population and with a larger group of professionals in learning disabilities.

The intent of the replication was to determine whether any significant shifts in opinion concerning these issues had occurred during the six-year interval between surveys. In addition, the replication was designed to include a larger number of individuals than had been included in the 1975 survey, and to include professionals who had not been surveyed previously, including learning disabilities consultants from state departments of education and additional professionals who, as judged by their peers, had attained within the past six years the status of being on the "cutting edge" of learning disabilities.

Method

Subjects

Two samples were included in the study: (a) 91 professionals in the field of learning disabilities who had been surveyed in 1975, and (b) 250 learning disabilities professionals who were sent the identical survey in 1981.

1975 Sample. The 91 recipients of the original survey in 1975 were nominated by representatives of a number of professional associations and technical assistance agencies in learning

disabilities and special education. Nominations of individuals on the "cutting edge" of learning disabilities were made by representatives of the Association for Children with Learning Disabilities (ACLD), including members of the ACLD Professional Advisory Board and Executive Committee, the Division for Children with Learning Disabilities of the Council for Exceptional Children (DCLD), the Leadership Training Institute in Learning Disabilities at the University of Arizona (LTI-LD), which served federally-funded LD demonstration projects, and the Coordinating Office for Regional Resource Centers (CORRC). Responses were received from 50 individuals, for a response rate of 55%.

1981 sample. Questionnaires were sent to each of the 91 individuals in the 1975 sample. An additional 159 professionals were identified through a process similar to the 1975 selection process. Questionnaires were sent to each of the 56 learning disabilities consultants (from departments of education in each state and U.S. territory), 30 members of the Professional Advisory Board and the Executive Committee of the Association for Children with Learning Disabilities (ACLD), 18 members of the Board of Trustees of the 1980-1982 Council for Learning Disabilities (CLD) (formerly DCLD--the Division for Children with Learning Disabilities) of the Council for Exceptional Children, 10 individuals nominated by an officer of the Society for Learning Disabilities and Remedial Education (SLDRE), and 45 individuals selected from the consultant list of the National Learning Disabilities Assistance Project (NaLDAP--the technical

assistance agency serving federally-funded model LD demonstration projects after the LTI-LD).

Responses were received from 149 individuals, for a response rate of 60%. Blank questionnaires were returned by two subjects who indicated that they did not feel competent to complete the survey, and nine questionnaires were returned by the post office because of incorrect address. An additional 11 completed questionnaires were received after data analyses had been completed. Completed questionnaires were received from 29 individuals who were surveyed in both 1975 and 1981.

Materials

The questionnaire developed by Tucker was used to examine respondents' opinions concerning the existence, incidence, and identification of learning disabilities. Each respondent's name was typed on the questionnaire, and the respondent was asked to indicate whether his/her responses could be quoted and appropriate credit given. The questionnaire is provided in Appendix A.

Procedure

Questionnaires were mailed to all respondents, with a stamped self-addressed envelope enclosed for their return. A follow-up letter and second copy of the questionnaire were mailed eight weeks later to those individuals in the 1981 sample who had not responded to the first mailing.

Results

Numerical data on the responses to each question are provided.

However, the comments made by respondents better illustrate the range of opinions on several of the issues. Representative comments are included for each question, along with their sources. Each of these individuals gave permission to be quoted. The listed affiliations of the respondents are those given at the time the surveys were completed.

"Yes, Virginia, There are Children with Learning Disabilities"

Do you believe that "learning disabilities" is a viable classification for handicapped children?

1975 sample. An overwhelming majority of the 1975 sample (86%) indicated that LD was a viable classification; 14% indicated that it was not. No one indicated indecision or failed to respond to the question.

A number of respondents noted that LD as a category is important because it includes children who differ from children with other handicapping conditions. As one respondent noted,

> There is no question in my mind that a group of handicapped children do exist who are intact to the point of being ineligible for services under any other category who do exhibit marked discrepancies in functioning and whose learning style deviates so markedly from the norm of their group as to require special education interventions. (Jeanne McCarthy, University of Arizona)

Others affirmed the importance of the category but acknowledged its broadness:

> LD has become a classification comparable to the use of the word "intelligence"; one chooses a definition and percentage chosen by a leader who is going in the direction you want to go. (Vilma Falck, University of Texas at Houston)

> It is possible to use the term learning disabilities other than as a classificatory term, i.e., as an approach to instruction and/or as a means of identifying particular developmental problems associated with any handicapping condition. One of our problems with this term is that we usually aren't explicit about the way we use it. (Margaret Jo Shepherd, Teachers College, Columbia University)

> To assess a category's viability, one must specify what function one wishes the category to serve. For example, administrators may find the category useful while learning disability teachers may find that the broad classification yields them no practical information about the child. (Gerald Senf, Journal of Learning Disabilities)

> Learning disabilities, in my opinion, is an educational problem that transcends the entire range of human behavior. While there are undoubtedly some children who do have learning problems caused by any one of a number of reasons, large numbers are created by (a) inappropriate, unchallenging, and inadequate school curricula, (b) uninspiring teachers, and (c) society itself which continues to foster an attitude, "if it's not academic, it's not important!" (Julian Stein, American Association for Health, Physical Education, and Recreation)

Other respondents asserted their conviction that "learning disabilities" is not a viable classification.

> No. No data to support a unique classification known as learning disabilities....Currently there is no operational definition. (David Sabatino, Northern Illinois University)

> No. LD in my estimation is a process, an approach, or system of approaches, to the correction or remediation of learning problems of children. As a classification it is too rigid and constricting. (Oliver Hurley, Georgia State University)

1981 sample. As with the earlier sample, the overwhelming majority of the 1981 sample (119 of 144 answering the question--82.6%) agreed that LD was a viable classification; 15.3% disagreed.

The range of comments was similar to that of the 1975 sample.

Numerous respondents accepted the classification but commented on its limitations:

> Despite its ambiguities, the term does bring focus to a set of children not served well by other classifications. (Barbara Keogh, UCLA)
>
> At present, the term is largely political. (Bruce Balow, University of Minnesota)
>
> It is also the most inappropriately used classification. (Virginia Brown, PRO-ED, Inc.)
>
> Although we have trouble defining this population, they clearly are in the schools and in need of specialized assistance. (Deb Smith, University of New Mexico)
>
> Until we develop a better classification system, we must not discard the present one. (Sara Tarver, University of Wisconsin)

Some respondents recommended a specific definition:

> I strongly support the consideration of the recent NJCLD (National Joint Committee on Learning Disabilities) definition which defines LD as being a problem that implies CNS dysfunction. (Gaye McNutt, University of Oklahoma)

Still others rejected LD as a classification, but noted some redeeming features of the concept:

> Learning disability is a concept for which we do not yet have a valid theoretical/empirical explanation. Consequently, it is impossible to devise reliable means for differentiating all children who might be called learning disabled from children who present similar symptoms for different reasons. Furthermore, the term doesn't have unique implications for treatment or prognosis. The concept is important to theory and research but is, at present, more confusing than useful to educational practice. This is one instance when a thoughtful distinction needs to be drawn between theory/research and educational practice. (Margaret Jo Shepherd, Teachers College, Columbia University)
>
> Learning disability is currently, in my opinion, a <u>category of services</u> rather than a category of children. It means

> different things in different places, and stringency of definition depends more on availability of resources to serve children than on a philosophical commitment to a given definition of LD. (Steve Lilly, University of Illinois)

Others were clear in their rejection of the classification:

> It is too diffuse a term, and permits too many problems in children to be included within it to the end that (in groups) problems of such diverse complexity make realistic teaching nearly impossible. The term needs greater exactness in an historical and neurological sense. (William Cruickshank, University of Michigan)

> Too much variability within groups identified as learning disabled. (Patricia Gillespie-Silver, University of Massachusetts at Amherst)

> It is a heterogeneous category without clear operational definition. (Alan Ross, SUNY at Stonybrook)

> It is (a) an educational considereation that should not be grouped with other handicapping conditions, (b) an out for many curriculum and teacher disabilities, (c) replete with political overtones and implications, (d) a rationalization for many parents. (Julian Stein, George Mason University)

> While there are LD students, current classification practices are such that the classification or the category is essentially without meaning. (Jim Ysseldyke, University of Minnesota)

> I see no useful reason to classify children as LD; as a classification, it is ludicrous. Plenty of children demonstrated similar diagnostic characteristics to those which are the basis for calling a child LD. To treat some and not others is rude. (Bob Algozzine, University of Florida)

The Definitional Maelstrom

Do you believe that learning disabilities are clinically identifiable by specific symptoms or by a constellation of various symptoms which differentiate them from other problems associated with learning (e.g., cultural diversity, lack of educational opportunity, etc.)?

1975 sample. There was considerable support for the notion that LD is clinically identifiable, either by specific symptoms, or by a constellation of symptoms. "Yes" responses were given by 78% of the respondents, while 16% disagreed, and 6% did not answer.

The comments on this issue ranged from those indicating confidence that LD could be identified efficiently and effectively to those totally discounting that notion.

> The careful clinician, who looks at the entire child and his learning processes--and the perceptual skills intimately related to academic learning problems, can definitely identify the children who should be differentiated from the socio-economic based problems. The valid symptoms of the real academic problem are only about 6 or 8 in number and should be recognized by every clinician dealing with these children. (Gerald Getman, College of Optometry, Fullerton, California)

> Once we think in terms of the learning process in a developing child we can identify the child with 1) learning difficulties, 2) learning problems, 3) general learning disabilities, and 4) specific learning disabilties. (Eli Tash, Association for Children with Learning Disabilities)

Others were less confident.

> This is a difficult question to respond to, because in answering it "yes," I feel I should be able to describe the specific symptoms or constellations of symptoms. To my knowledge, no one has attempted to define operational criteria for eligibility and to apply those criteria to the school population. (Patricia Myers, Education Service Center, San Antonio, Texas)

And others soundly rejected the assertion that LD could be clinically identified, in part because of past inadequacies in assessment.

> The fact that the MR of our big city slums are the LDs of the suburbs attest to this failure of LD to be a clearly specifiable syndrome. (Oliver Hurley, Georgia State University)

> I believe that many children are labeled as learning disabled simply because they do not, will not, or refuse to be molded by present school curricula. (Julian Stein, American Association for Health, Physical Education, and Recreation)

And others thought that the lack of consensus in the field should not prevent educators from meeting children's needs:

> One need not necessarily be so concerned with the name one gives the symptom clusters one finds but be more concerned with the character of the child-school interaction in order to maximize the child's potential deriving from that educational experience.
>
> I do not believe that the class principles defining learning disabilities are sufficiently clear and well shared such that clinicians could reliably identify symptom clusters and reliably term them learning disabilities, i.e., agreement among specialists would not be obtained. (Gerald Senf, Journal of Learning Disabilities)

1981 sample. Again, the responses of the 1981 sample were similar to those of the earlier sample; 119 of 135 (88%) who answered the question agreed that learning disabilities were clinically identifiable, either by specific symptoms or by a constellation of various symptoms. Disagreement was indicated by 21 respondents (15.5%). Some were confident about the accuracy of diagnostic procedures:

> A strong pattern of peaks and valleys on developmental scales. (James Gallagher, University of North Carolina at Chapel Hill)

> The careful and proper investigations of perceptual skills or the lack of them, can readily differentiate these various problems. The learning problem child simply does not have these skills--the others have them but do not use them in academic tasks. (Gerald Getman, College of Optometry, Fullerton, California)

> These are identifiable by rare, peculiar, symptoms of cognitive processing difficulty unrelated to other problems

> associated with school learning. (Bruce Balow, University of Minnesota)

Others, if not as assured, were optimistic:

> I feel that... we must be able to define LD as something more than an "ability-achievement difference." I think we can do this thru neuropsychological assessment. (Allan Berman, University of Rhode Island)

Still other respondents qualified their positive responses:

> However, because the academic, linguistic, neurological and behavioral symptoms are manifested in varying combinations and degrees, diagnosis frequently involves less precision, and therefore less certainty, than we would prefer. (James Leigh, University of Missouri-Columbia)

> Certain constellations of symptoms may exist, but the intensity, frequency, and duration of these symptoms vary so greatly that they have little utility. These symptoms have multiple, interacting causations. (Don Crump, University of Alabama)

> The meaning of the concept is clear only at the extremes (cum laude graduate of a school of engineering who can't read) and over time (persistent difficulty learning despite normal effort and appropriate instruction). The defining characteristics of the concept are as yet elusive. (Margaret Jo Shepherd, Teachers College, Columbia University)

Others placed qualifications on the professionals' ability to accurately identify learning disabilities:

> They can be readily identifiable if we limit ourselves to what we now call severe. Beyond that we can't really delineate 2% from 20%. (Dennis Ehrhardt, Florida State Department of Education)

> We cannot... allow ourselves to be governed by a specific test or instrument such as ITPA or Kephart Purdue Perceptual Motor Survey, etc. (Don Cross, University of Kentucky)

> I assume that "clinically identifiable" means that tests alone do not identify. An expert who interprets the data is essential. (Jim DeRuiter, University of Northern Colorado)

> Unfortunately, our training programs do not prepare LD "specialists" for differential diagnosis - nor are many psychologists well prepared in this area. (Virginia Brown, PRO-ED, Inc.)

Some respondents noted the difficulty (or even the inadvisability) of distinguishing between learning disabilities and other problems such as cultural diversity and lack of educational opportunity.

> I believe that environmental conditions could cause learning disability. (Corinne Kass, Calvin College)

As one territorial consultant noted,

> Yes and no. On Guam, it is very difficult to determine due to cultural situations and different language. (Joan Skipper, Department of Education, Guam)

And some respondents qualified their negative responses:

> No. I guess this is really a qualified no in that there are some children who may have clinically identifiable symptoms. However, for the most part, there has been too much categorical--rather than individual--thinking and approaching those so labeled. The need is to determine why and how individuals, not groups, have learning education difficulties. (Julian Stein, George Mason University)

Some respondents were emphatic in their rejection of the notion that learning disabilities are clinically identifiable.

> No. How can we identify "the symptoms" that separate children? Our tests are too primitive. (Patricia Gillespie-Silver, University of Massachusetts at Amherst)

> No. No one (professional educator or otherwise) has been able to demonstrate to me that a specific, distinctly unique group of behaviors differentiate LD children from many of their classmates (often called other names). To build an empire on such a foundation is very dishonest. (Bob Algozzine, University of Florida)

> It is literally impossible to differentiate LD from ED, low achievers, etc. (Jim Ysseldyke, University of Minnesota)

And some said that it did not matter:

> Yes. But not in ways that are crucial in developing and providing appropriate services. (John Lloyd, University of Virginia)

> It is not always possible to differentiate SLD from other problems which give rise to learning problems. To some extent it makes little difference to do this except for administrative/financial reasons. (Frank King, Office of Special Education, U. S. Department of Education)

How Many LD Children Are There?

What do you believe to be the probable percentage of school-age children with identifiable learning disabilities?

1975 sample. In analyzing the responses to this question, whenever respondents indicated a range of incidence figures (e.g., 3-5%), the lower figure was used; thus, the reported estimates are the more conservative of all those provided. Of the 44 individuals from the 1975 sample who answered the question, the largest number (10--22.7%) indicated that they believed the probable percentage of school-age children with identifiable learning disabilities to be one percent or less. The next largest number of respondents (7--15.9%) believed the prevalence of learning disabilities to be much higher at 10% of the school-age population.

Despite the substantial number of respondents (38.6%) who believed prevalence to be 10% or greater of school-age children (with a few indicating prevalence figures as high as 70%), the majority of respondents (61.4%) indicated prevalence figures between 0% and 5% of the school-age population. No respondent indicated prevalance figures between 5% and 10%. Nearly half of the sample (45.4%) indicated

incidence figures between 0% and 3%. Figure 1 is a summary of the percentages of respondents reporting various figures for prevalence of learning disabilities among school-age children.

Insert Figure 1 about here

Some respondents would not provide a specific prevalence figure:

> No idea. There are no definitive data. (William Cruickshank, University of Michigan)
>
> Would not hazard a guess since obviously the percentage depends on the quality of teaching in a particular system. An epidemiological study(ies) is sorely needed. (Oliver Hurley, Georgia State University)

There were those who believed the percentage to be within the 1% to 3% range:

> 2 to 3%. High incidence rates of 40 to 50% reflect inclusion of low achieving children who are <u>not</u> handicapped. Low test score on achievement test is erroneously equated with LD. For example, incidence rates of 80% of juvenile delinquents reported as LD... just based on achievement test data. (Esther Minskoff, Madison College)
>
> 3%. In some areas this might be higher....Any greater number of children identified would be stepping on the rights of regular education. Like other areas of the handicapped, we have mild cases of L.D. but like other areas we believe that they should be the responsibility of regular education unless it interferes "significantly" with school progress. (Lee Wiederholt, University of Texas at Austin)
>
> 1%. I would adhere strongly to a definition which was restricted to include only those with neurological (hard sign) difficulty. (Jim Ysseldyke, University of Minnesota)

There were those who provided different figures for different definitions:

> If one wishes to include mildly disabled children in the group the percentage rises to 10-15 percent and the disability may be produced by the school system itself. I don't consider that a "disability" but the inadequacy of the system. (Patricia Meyers, Education Service Center, San Antonio, Texas)

And there were those who believed learning disabilities to be present among a large percentage of the school-age population:

> 33 1/3%. I believe that most of the children in the lowest third of every class are the ones who are demonstrating the problems I am referring to. Most of these should not be having academic problems, and I do not think they would be if the curriculum was designed for them instead of expecting them to fit into a rigidly, standardized, production-line program so common to most schools. (Gerald Getman, College of Optometry, Fullerton, California)

1981 sample. A pattern of responses similar to that of the 1975 sample was found among the 136 respondents to the 1981 survey. The largest number of subjects (29--21.0%) believed that three percent of school-age children had identifiable learning disabilities. Another 28 (20.6%) indicated that they believed one percent of school-age children were learning disabled, and 23 (17.0%) indicated prevalence figures of two percent of school-age children. Thus, a total of 58.8% of the sample indicated that they believed the prevalence of learning disabilities among school-age children to be 0%-3%.

Nearly 14% (n=19) of the sample identified five percent as the probable prevalence figure; 14 respondents (10.3%) estimated a significantly higher prevalence figure of 10% of all school-age children. Fewer than five subjects indicated any other incidence figures, but estimates of prevalence of learning disabilities ranged

as high as 50%. Respondents' estimates of prevalence of learning disabilities are presented in Figure 2.

Insert Figure 2 about here

To an even greater extent than in the 1975 sample, then, the majority of 1981 respondents (58.8%) estimated prevalence figures of less than three percent. And, more than three-quarters of the sample (77.2%) believed the probable percentage of school-age children with learning disabilities was less than five percent. The prevalence figure of 10% also received a sizeable number of responses, but fewer than 10% of the sample estimated learning disabilities to be present in more than 10% of the school-age population. Again, some respondents were uncomfortable hazarding a guess:

> Impossible to answer without specifying parameters of definition. (Steven Lilly, University of Illinois)

> I do not know. The U.S. Office of Education in responding to an extensive proposal for a complete epidemiological study reported that incidence was fully known! They rejected out of hand an opportunity to pin this problem down once and for all. Obviously we do not have the data and I do not propose to make a guess. (William Cruickshank, University of Michigan)

Many respondents adhered to a small prevalence figure (1%-3%):

> Less than 3%. I do not believe there are any more truly learning disabled children today than a generation or more ago. Learning disabilities in its great growth has resulted from specializations--must have learning disabled children if there are to be learning disabled programs and specialists. (Julian Stein, George Mason University)

> Beyond 3% the interaction of learning disabilities and no responsive instruction is inseparable. (Norris Haring, University of Washington)

There are those who believed prevalence to be somewhat higher:

> 20-24% of six year old children in my research studies (over a 5 year period with 5 year followup to verify) have learning disabilities, i.e., neurological problems interfering with learning though of course not all need resource or full time LD classrooms. (Ronald Cantwell, Cantwell Pediatric Achievement Center, Miami, Florida)

And there were those who thought it to be quite high:

> In rural Mississippi some 80% of school children are said to have CNS and brain impairment from a lack of protein. (Alexander Bannatyne, Bannatyne Children's Learning Center, Miami, Florida)

> This depends entirely upon what we will decide is a valid description of learning problems. In one sense, almost 90% of individuals will show a learning problem somewhere. In the general population, I am confident that our present generation is somewhere around 60% deficient in what skills the culture is demanding of them. (Gerald Getman, College of Optometry, Fullerton, California)

A number of respondents were careful to differentiate LD from other low achievers:

> 1 to 3%. There are 10 to 15% of children who are educationally retarded, but only 1 to 3% that have an identifiable developmental learning disability. (Samuel Kirk, University of Arizona)

> 50% - if you assume, as some educators do, that anyone who is achieving below the mean for grade placement is having trouble in school. LD is fast becoming the overall term for any educational handicap. A high percentage are simply slow learners - they don't look much different from the old borderline EMR group. Maybe we'll soon get to the point of worrying about educational programs for kids and less about what we call them. (Eugene Ensminger, Georgia State University)

Some respondents addressed the role of cultural disadvantage and language:

> If hyperactivity (social-behavioral) is included, may be as high as 10% - if academics, perceptual-motor and language areas are used about 3%. If in geographic area with extreme poverty, may be 20%. Lots of culturally disadvantaged are LD and should probably not be excluded. (Ester Minskoff, Madison College)

Other respondents were more jaded:

> As great as funds are available to serve low achievers. (Joe Jenkins, University of Washington)
>
> From .5% to 50% depending on the school. (Tom Lovitt, University of Washington)

And others noted the influence of the severity of the learning disability on the size of the population to be served:

> 1/2%. We are serving youngsters whose problems are not special ed. We should direct ourselves to severely learning disabled and not those needing "homework" help. (Jack Cawley, University of Hartford)

Others speculated on changes over time in the percentage of school-age children labeled learning disabled.

> The percentage is probably rising (slowly), as we appear to be producing a less and less adequate fit between learner's capabilities and the type of learning demanded in most schools. (Nettie Bartel, Temple University)
>
> 0.00%. I don't believe there are identiable learning disabilities and I don't believe anybody else does either. Most professionals are too myopic to realize that it doesn't matter what we think; there are plenty of kids who are demonstrating by test performances that they are not learning...we'll always be needed. (Bob Algozzine, University of Florida)

Age at Which Identification is Possible

If you answered question 2 in the affirmative, then how old do you feel a child must be before such a learning disability can be positively identified with assurance that the symptoms observed are not simply a reflection of developmental lag or other confounding developmental conditions?

1975 sample. Of the 35 respondents to this question from the 1975 sample, the largest number (11--31.4%) indicated that they believed learning disabilities could be identified with assurance between two and three years of age. An additional seven subjects (20.0%) indicated positive identification could be made from four to five years of age; five respondents indicated identification was possible in the first year of life, and another five subjects gave five to six years as the earliest age for identification. Nine years was the top age indicated by any respondent. Respondents' estimates of ages at which positive identification could occur are presented in Figure 3. The majority of respondents indicated that learning disabilities generally could be identified with assurance before age 5, the typical age of school entrance.

Insert Figure 3 about here

Many respondents expressed confidence about the prospects for early identification:

> 3. Developmentally, every child who is anywhere near the "normal" category should be able to demonstrate the

> foundations of perceptual skills essential to his own learning patterns--if and when properly observed and "tested." By the age of five--if learning opportunities have been reasonably present--certainty in identification should be possible. (Gerald Getman, College of Optometry, Fullerton, California)
>
> 12-18 months. Certain classic criteria, e.g., ability, hyperkinesis, etc., generally manifest early and our knowledge of early neuro-motor development permits early assessment and differentiation between simple lag vs. constitutional deficit. (Al Katzman, Michigan ACLD)

A number of respondents noted that at earlier ages, only the most severe problems could be identified:

> Depends upon the severity of the problem. An aphasic child would be noticed quite early in life (severely LD), a child who has difficulty with the understanding of the written rather than spoken language wouldn't maybe be noticed until first or second grade. (Lee Wiederholt, University of Texas at Austin)
>
> 2 or 3. The earlier the age, the more difficult it is. Only gross problems can be identified easily during the pre-school years. (James Chalfant, University of Arizona)

Others raised the issue of the distinction between a developmental lag and a learning disability:

> 3. Some feel a developmental lag is the early stage of a learning disability. (John Arena, Academic Therapy Publications)
>
> Impossible to "be positively identified" with assurance....The child with a "developmental lag" may belong to any one of the categories of the handicapped--developmental lag due to hearing impairment, visual impairment, MR, ED, LD, etc. Development lag is a symptom, not a cause--which can be associated with any number of possible causes. (Jeanne McCarthy, University of Arizona)

A number of respondents felt that the learning disabled child could be

identified with the greatest degree of assurance after some time in the school setting:

> 6 or 7 or even 8. Best to identify at school age--however, for some LD there are predictors that can be used at preschool level (e.g., delayed language till age 4 or 5; severe motor problems). (Esther Minskoff, Madison College)

1981 sample. Of the 109 subjects responding to this question, almost a quarter of them (26--23.8%) identified between six and seven years of age as the earliest time at which learning disabilities could be identified positively. The next largest number of subjects (19--17.4%) indicated that they believed five to six years was the earliest age for positive identification. Nearly 15% of the sample indicated two to three years as the earliest age for identification. Approximately half of the subjects (55.0%) responded with ages of six years or older, while the remainder believed that learning disabilities could be positively identified before the age of typical entrance to school. Subjects' responses are presented in Figure 4.

Insert Figure 4 about here

Some respondents noted the variability inherent in any estimate:

> Varies with severity of the difficulty and with adjustments made in the child's learning environment. (Nettie Bartel, Temple University)

> I think this is an unanswerable question, since individuals respond differently and learn differently. There are different patterns of behavior which signal the possibility of learning problems. (Becky Calkins, Special Education Programs, U.S. Department of Education)

Others were more confident about the feasibility of early identification:

> Can be identified from infancy (in visual pursuit particularly), but the symptoms are the same as MR, or autism. I just prefer to call the condition LD since it is possible through remediation to improve intelligence. (Corrine Kass, Calvin College)

> 2-3 years. I personally feel the L/D child begins manifesting certain behaviors and lack of development at this early age. Having had an L/D youngster he was well on his way to the symptoms and actions almost in the womb. His growth patterns, development, speech, and other areas plus time/space difficulties were obvious early. (Barbara Pattison, Washington ACLD)

> Quiros and Schrager indicate the possibility of prediction at 5-7 hours via vestibular research. My experience with high risk infants has indicated that relatively good predictions can be made by one year. Certainly by 3 years definitive decisions can be made if one is adhering to a sound definition. (William Cruickshank, University of Michigan)

> 3-4. The proper evaluations, now very possible, can reliably identify the high risk child at a very early age. It is NOT necessary to allow them to fail in academia before the final decisions are made. (Gerald Getman, College of Optometry, Fullerton, California)

Others felt that the child had to be of at least school age:

> 7-8. The age is not as important as the number of years a student has been exposed to school tasks. A child must be exposed to school experience for 1 to 2 years before symptoms can be attributed to a learning disability. (Judy Eklund, Division of Special Education, Vermont)

Some noted that problems in different areas (e.g., language, motor skills) could be detected at different ages:

> Types of Minimal Brain Dysfunction can be diagnosed during the pre-school years. Specific Learning Disabilities as it is commonly used for educatioal purposes should be considered beginning at age 7 years or the middle of 2nd grade. (Sam Clements, University of Arkansas)

One respondent suggested different ages for identification of learning disabilities in boys and girls:

> 6-8, 6 or 7 years of age for girls; 8 years of age for boys because many boys are still immature in many skills upon entering school. (Mary Nunn, West Virginia State Department of Education)

Again, there was some discussion of the distinction between "developmental lag" and learning disabilities.

> 5-7 years. This question is based on the assumption that "developmental lag" and "learning disability" are mutually exclusive. It may be that a LD can be most accurately and usefully conceptualized as a lag in the development of some specific ability(ies). (Sara Tarver, University of Wisconsin)

> This question cannot be answered since a developmental lag or a confounding developmental condition may be the learning disability. (Samuel Kirk, University of Arizona)

Respondents to the 1975 and 1981 Surveys

Of the 50 individuals who responded to 1975 survey, 29 also responded to the 1981 survey. Their responses were remarkably consistent from the first to the second survey.

Only six individuals responded differently to the question of whether learning disabilities was a defensible classification; three shifted from believing that it was a viable classification to believing that it was not, and three changed in the opposite direction. Similarly, three respondents changed between 1975 and 1981 from believing that learning disabilities was not clinically identifiable to believing that it was; one respondent shifted in the opposite direction.

Only one respondent reported a significantly higher percentage of learning disabled children among the school-age population in 1981 than

in 1975; two respondents reported lower prevalence figures in 1981 than they had in 1975. Perhaps the most significant change occurred in respondents' estimates of the age at which learning disabilities could be positively identified. Six respondents (21%) suggested a higher age for identification in 1981 than they had in 1975; two respondents changed their estimates in the opposite direction.

Discussion

The beliefs of individuals who have been identified as leaders in the field of learning disabilities provide an indication of the status of opinions on crucial issues related to learning disabled individuals. The "leaders" in the field maintain a unique position. They may not be the ones who have the most direct contact with learning disabled individuals, but they are the ones who guide much of the training of individuals who do have direct contact with the learning disabled and they are the ones who often provide direct input to governmental decision makers regarding the learning disabled.

It must be noted that the individuals who responded to the current survey probably consisted of a select subset of leaders in the field. The survey was not anonymous; this probably restricted the number of individuals willing to respond. Most of those who did respond were willing to be quoted, a fact that suggests the respondents were among the more outspoken in the field. Yet, these individuals probably are the ones who have the most influence on teacher trainers and public officials.

Leaders in the field of learning disabilities were surveyed both in

1975 and 1981. Their responses, at least in numerical terms, exhibit some points of consensus. In general, they endorse "learning disabilities" as a viable classification for handicapped children, and they assert that learning disabilities are clinically identifiable by specific symptoms or a syndrome of symptoms. These beliefs were consistent across time, with little difference between those professionals responding in 1975 and the much larger group answering the same questions in 1981. Respondents in both samples frequently qualified their answers with extensive comments, often distinguishing between prevailing practices in the identification of learning disabilities and preferred patterns of operation.

Variability in responses was more evident with regard to the prevalence of learning disabilities among school-age children and the age at which a learning disability can be identified with assurance. Estimates of prevalence ranged from 0% to 70%; yet, most respondents in both the 1975 and 1981 samples gave figures between 0% and 3%. Estimates of the age at which a learning disability could be identified positively ranged from 0 to 9 years. The estimates of respondents in the 1975 sample were considerably more optimistic than those of the respondents in the 1981 sample. While 80% of the 1975 sample believed that learning disabilities could be identified with assurance before the age of five, only 45% of the 1981 sample believed this was possible. Leaders in the field of learning disabilities appear to have become more cautious, perhaps as the optimism about precise identification and effective programming fails to be supported.

Because this survey focused on the opinions of "experts," two prominent groups in providing services to learning disabled students were included only minimally: teachers and parents. However, the results of a survey by Thurlow and Ysseldyke (1982) suggest that teachers of learning disabled students experience the same difficulties when asked to define or identify learning disabilities. Whether parents of learning disabled students would be able to provide a clear definition is questionable, but as yet, unconfirmed.

It is our hope that this report on the opinions of experts will do more than confirm the fears of one of the 1975 respondents. Our goal was not to "collate and report information which may, by virtue of the vagueness of the issues under study, contribute little more than a reaffirmation of our present confused state" (Senf, 1975). Rather, the survey results point to the current needs in the field. Definitional issues are at the base of these needs. Unfortunately, as McGrady (1980) noted, "learning disabilities has been used in so many diverse ways that it has almost ceased to have meaning" (p. 509). Further, "the definition of learning disabilities is like the definition of pornography: 'No one seems to be able to agree on a definition, but everyone knows it when they see it'" (McGrady, 1980, p. 510).

A variety of definitions of "learning disability" currently are in use. The numbers and types of individuals identified vary greatly as a function of the particular definition used (Ysseldyke & Algozzine, 1982). Research has shown that even in school districts employing very specific definitions, students who do not meet the definitions are

declared to be learning disabled by decision-making teams (Mirkin, Marston, & Deno, 1982). Given this situation, the compilation of LD child counts makes little sense; we still do not know the characteristics of those children included in the counts. Keogh, Major-Kingsley, Omori-Gordon, and Reid (1982) have noted that "many of the problems of definitions of learning disabilities, and thus of selection and intervention, are directly attributable to the heterogeneity of individuals categorized as learning disabled" (p. 18). They argue that systematic reporting of subject variables is an urgent need in learning disabilities research. The results of the current survey suggest that this need is not limited to research. Practitioners also must recognize the importance of clearly describing those individuals to whom they are providing services. A concerted effort on the part of researchers and practitioners may reduce the definitional ambiguities that currently exist.

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Footnotes

[1]Quotation is from McGrady, personal communication, 1981.

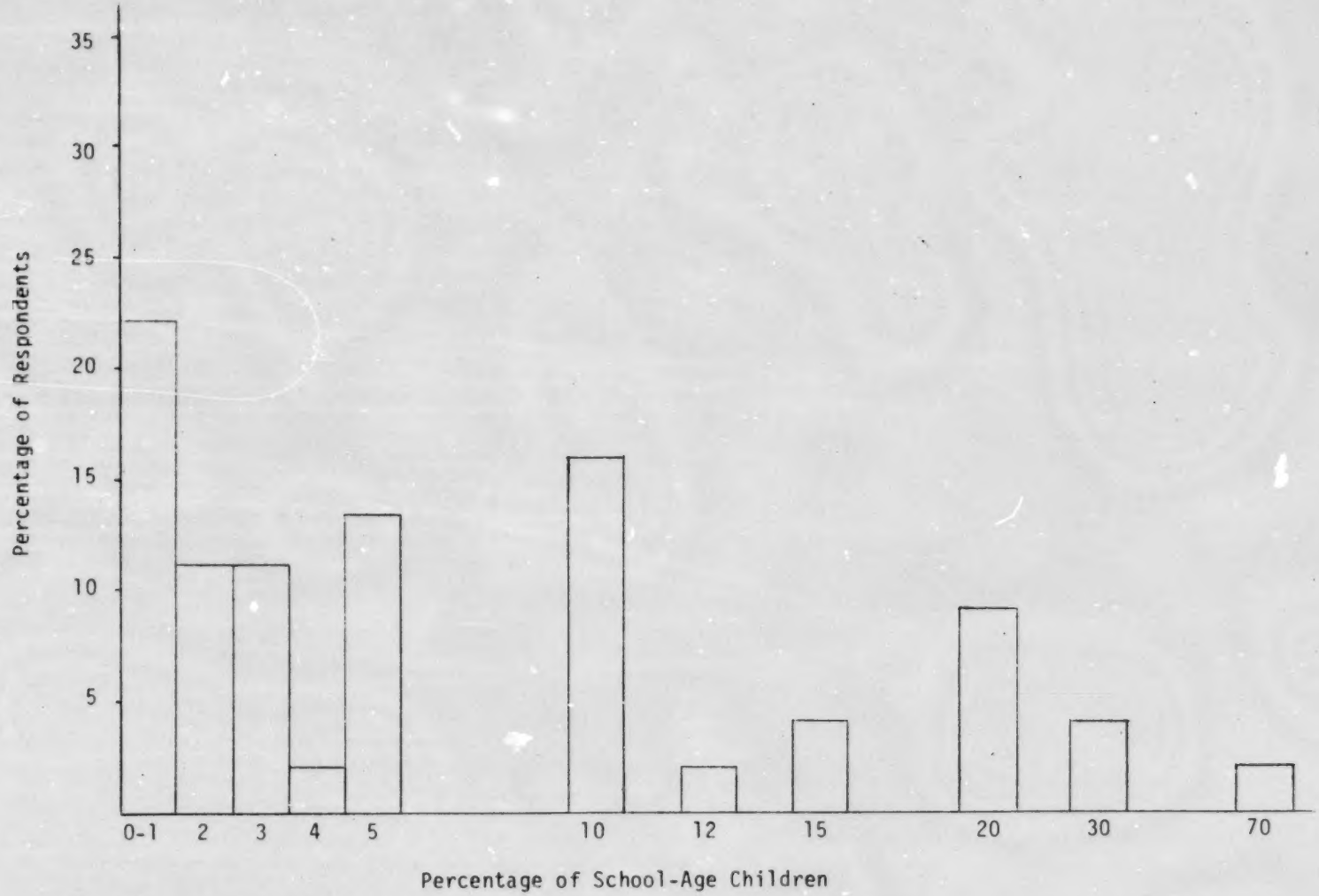

Figure 1. 1975 Respondents' Estimates of the Incidence of Learning Disabilities Among School-Age Children.

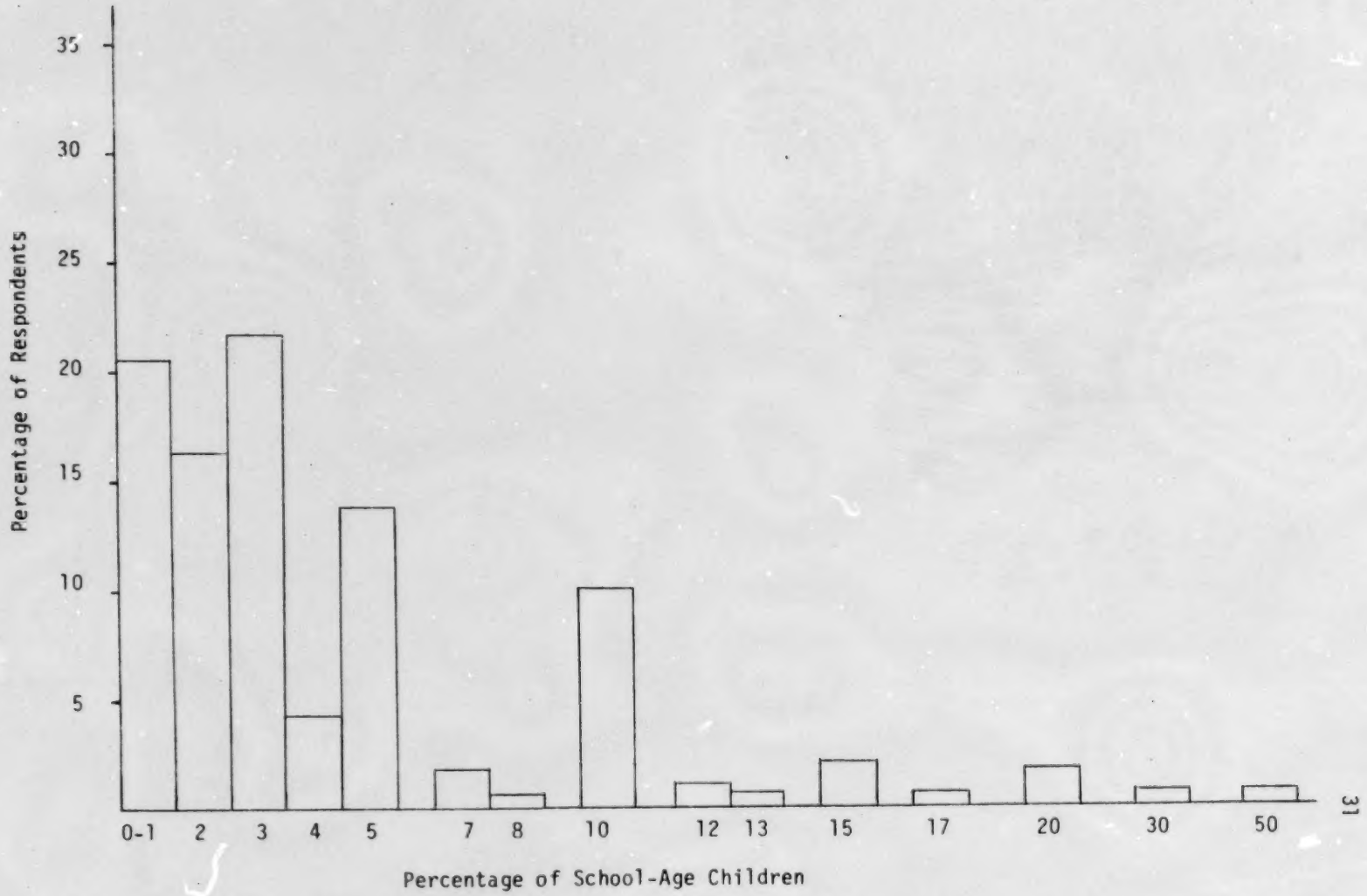

Figure 2. 1981 Respondents' Estimates of the Incidence of Learning Disabilities Among School-Age Children.

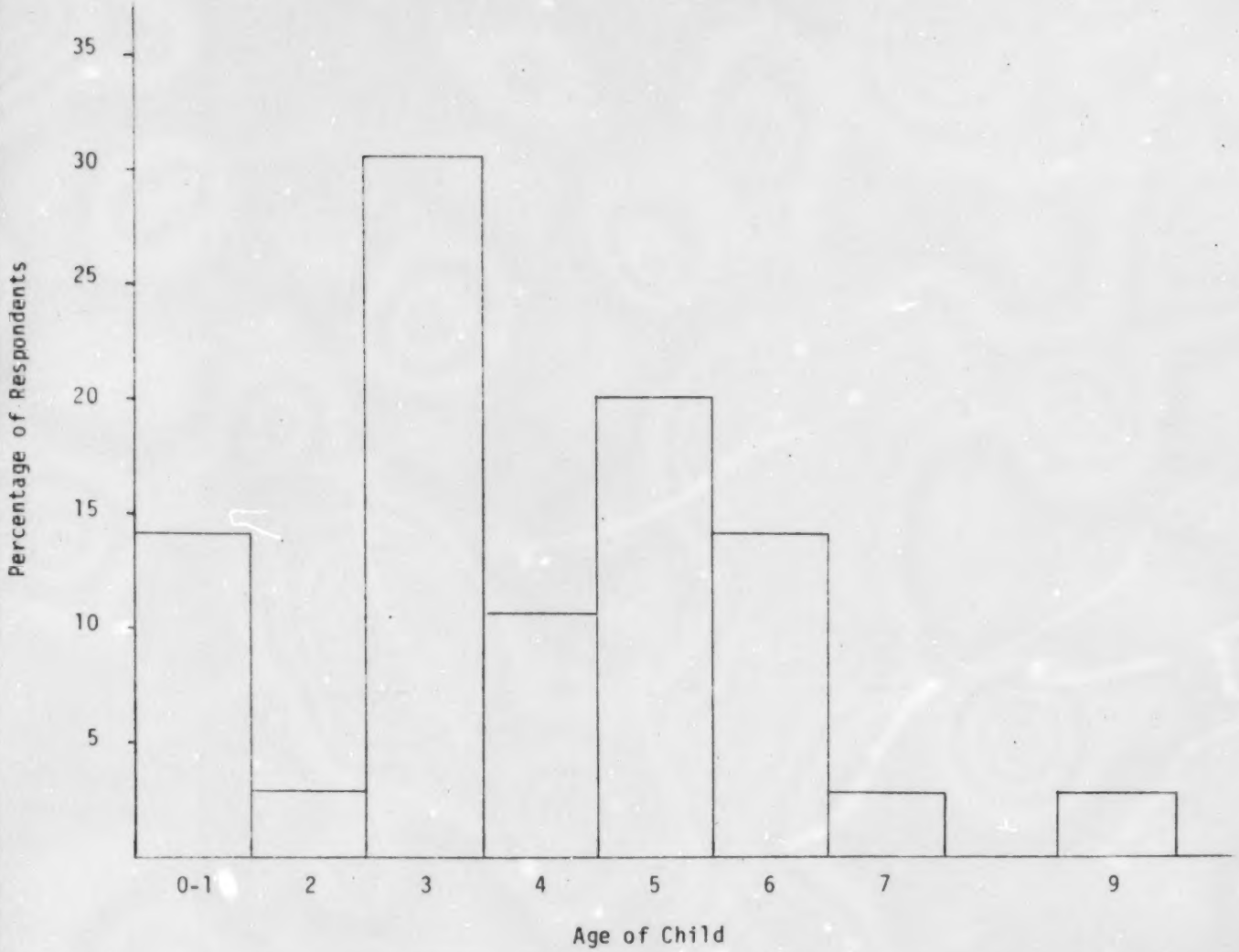

Figure 3. 1975 Respondents' Estimates of Age at Which a Learning Disability Can Be Positively Identified.

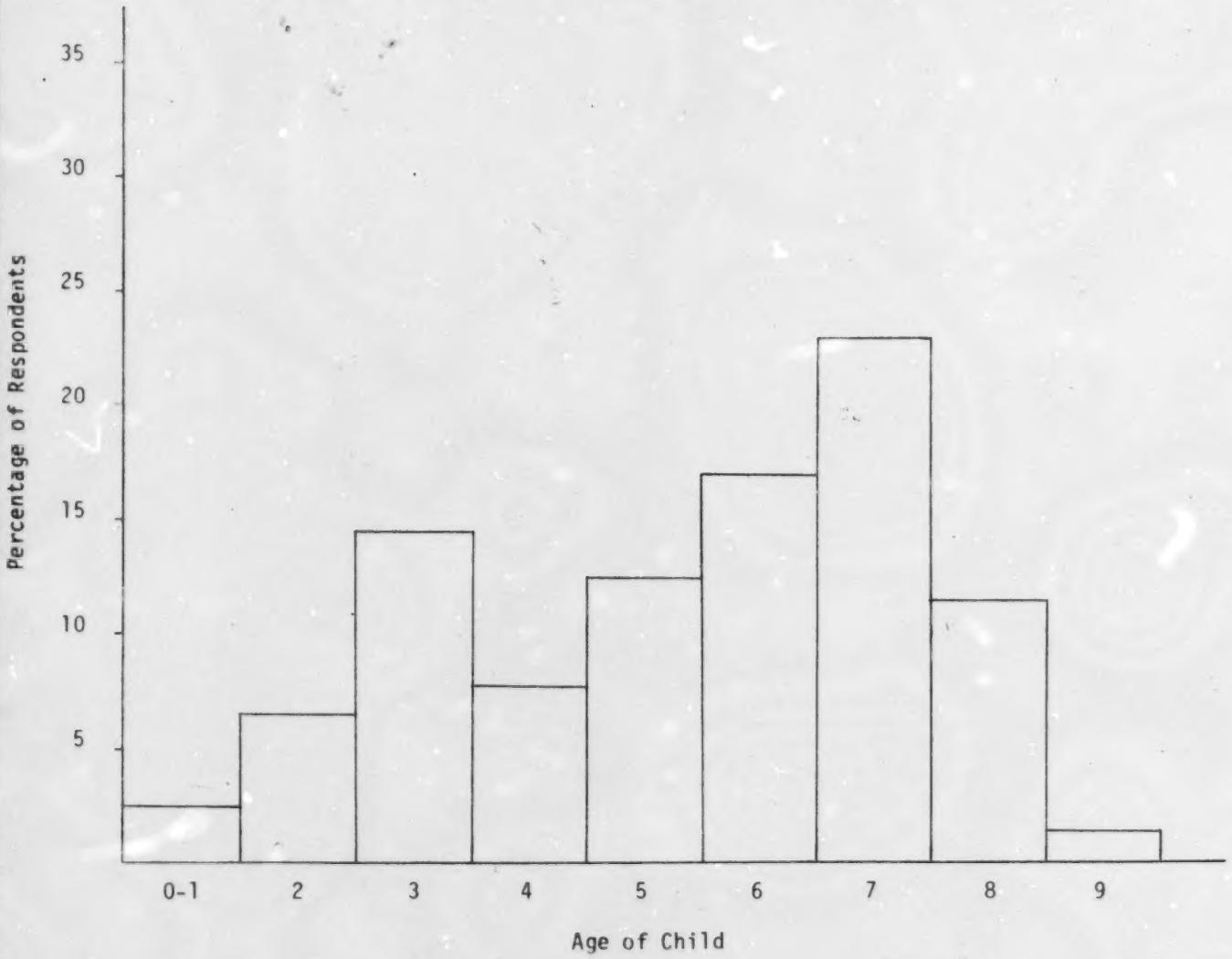

Figure 4. 1981 Respondents' Estimates of Age at Which at Learning Disability Can Be Positively Identified.

APPENDIX A

Questionnaire

Institute for Research on Learning Disabilities

University of Minnesota

NAME:_____

1. Do you believe that "learning disabilities" is a viable classification for handicapped children?

   Yes_____ No_____

   Comments:

2. Do you believe that learning disabilities are clinically identifiable by specific symptoms or by a constellation of various symptoms which differentiate them from other problems associated with learning (e.g., cultural diversity, lack of educational opportunity, etc.)?

   Yes_____ No_____

   Comments:

3. What do you believe to be the probable percentage of school-age children with identifiable learning disabilities?

   _____%

   Comments:

4. If you answered question 2 in the affirmative, then how old do you feel a child must be before such a learning disability can be positively identified with assurance that the symptoms observed are not simply a reflection of developmental lag or other confounding developmental conditions?

   _____years of age

   Comments:

5. May we quote you and give you appropriate credit for the above responses to the questions asked?

   Yes_____ No_____

Taken from Tucker, Texas Regional Resource Center, 1975.

5/81

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